

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Outpatient Hospitals  
Managed Care Plans  
CSO Administrators  
Regional Administrators

**Memorandum No: 02-42 MAA**  
**Issued:** July 1, 2002

**For Information Call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Supersedes:** 01-51 MAA  
01-78 MAA

**Subject: Update to the RBRVS\* and Vendor Rate Increase for Outpatient Hospitals**

**Effective for dates of service on and after July 1, 2002,** the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2002 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- Additions to the Year 2002 Current Procedural Terminology (CPT™) codes;
- Changes to the Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes;
- Technical Changes; and
- An appropriated one and one-half (1.5) percent vendor rate increase.

**Maximum Allowable Fees**

In updating the fee schedule with Year 2002 RVUs and clinical laboratory fees, MAA maintained overall budget neutrality. The 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs. The maximum allowable fees have been adjusted to reflect the changes listed above.

MAA is currently updating the Outpatient Hospital Services Billing Instructions. The new edition will reflect the changes listed in this memorandum. To obtain this memorandum electronically go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

The July 2002 fee schedule will be available on MAA's website on or before July 1, 2002.

Bill MAA your usual and customary charge.

\*RBRVS stands for Resource-Based Relative Value Scale

*CPT codes and description are copyright 2001 American Medical Association.  
CPT is a trademark of the American Medical Association.*

**Outpatient PET Scans**

- Expedited Prior Authorization (EPA) criteria will be established for all PET scan procedures, allowing providers to create their own prior authorization numbers. Therefore, PET scans will no longer require written/fax prior authorization. MAA is currently updating its Outpatient Hospital Services Billing Instructions. Details on creating EPA numbers will be included in the new billing instructions.
- HCPCS code **G0219** (PET imaging whole body; full- and partial-ring PET scanners only, non-covered individual) **is no longer covered**.
- Effective for dates of service on and after July 1, 2002, the following PET scan HCPCS codes were added:

HCPCS Procedure Code	Full Description	July 1, 2002 MAA Maximum Allowable Fee	Limitations
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g. initial staging of axillary lymph nodes), not covered by Medicare	Not Covered	Not Covered
G0253	PET imaging for breast cancer, full and partial ring PET scanners only, detection of local regional recurrence or distant metastases, i.e. staging/restaging after or prior to course of treatment	By Report	Requires written/fax prior authorization
G0254	PET imaging for breast cancer, full and partial-ring PET scanners only, evaluation of response to treatment, performed during course of treatment	By Report	Requires written/fax prior authorization

**STAT Lab Coding Change**

- The state-unique procedure code **8949M** for STAT laboratory charges **is discontinued** and replaced with the following HCPCS code:

HCPCS Procedure Code	Description	July 1, 2002 MAA Maximum Allowable Fee
S3600	Stat laboratory request	\$3.35

**Occupational Therapy**

The following procedure codes were added to those payable when performed by occupational therapists:

<b>Procedure Code</b>	<b>Brief Description</b>
97520	Prosthetic training
97535	Self care mngment training
97537	Community/work reintegration
0002M*	Custom splints (cock-up and/or dynamic)

**Medical Nutrition Therapy**

Last year, MAA assigned flat fees to the medical nutrition therapy procedures as there were no Medicare-assigned RVUs. However, Medicare has since assigned RVUs to these procedures. Effective for dates of service on and after July 1, 2002, MAA will adopt these RVUs and establish fees using the RBRVS methodology. Due to the change in the fee-setting methodology, MAA will also revise the unit description and unit limitations for group therapy as described below:

<b>CPT Procedure Code</b>	<b>Brief Description</b>	<b>July 1, 2002 MAA Maximum Allowable Fee</b>
97802	Medical nutrition, indiv, initial 1 unit = 15 minutes	\$10.47/per unit Maximum of 2 hours (8 units) per year
97803	Med nutrition, indiv, subseq 1 unit = 15 minutes	\$10.47/per unit Maximum of 1 hour (4 units) Per day
97804	Medical nutrition, group 1 unit = 15 minutes	\$4.10/per unit Maximum of 1 hour (4 units) per day

\*State-unique code

**Synagis**

MAA covers the immune globulin Synagis (CPT code 90378) only after written/fax prior authorization has been obtained. To obtain written/fax prior authorization, send or fax your request to:

MAA-Division of Medical Management  
Attn: Synagis Coordinator  
PO Box 45506  
Olympia, WA 98504-5506  
Fax: (360) 586-2262

Outpatient hospitals must use CPT code 90378 in combination with the appropriate revenue code to be reimbursed for Synagis. The following maximum allowable fees are established for Synagis:

Units	CPT Procedure Code	Description	July 1, 2002 Maximum Allowable Fee
1	90378	Synagis, 50 mg	\$598.00
2	90378	Synagis, 100 mg	\$1,128.00
3	90378	Synagis, 150 mg	\$1,726.00
4	90378	Synagis, 200 mg	\$2,256.00

- Bill one unit for each 50 mg. of Synagis used.
- MAA reimburses for Synagis at the lesser of billed charges or MAA's maximum allowable regardless of place of service.

Complete Synagis program guidelines will be available in the upcoming Outpatient Hospital Services Billing Instructions. MAA reimburses for Synagis at the lesser of billed charges or MAA's maximum allowable charge.